



OPPORTUNITY GRANTS DONATION FORM

Name _____

Address _____

State _____ Zip _____

City _____

Email _____

☐ I would like to receive emails from Carlsbad Parks and Recreation Department about upcoming programs.

Day Phone _____ Evening Phone _____

Donation Amount \$ _____

Payment Information

☐ Check enclosed, payable to "City of Carlsbad"

☐ Visa ☐ Mastercard

Credit card # _____ Exp. Date _____

Signature _____

In Memory / In Honor (check if applicable)

☐ Please acknowledge this gift in memory of: _____

☐ Please acknowledge this gift in honor of: _____

Matching Gift

☐ My company has a matching gift program. I have enclosed the necessary documentation.

Return to:

Parks and Recreation Administration

Attn: Bonnie Elliott

799 Pine Avenue, Suite 200

Carlsbad, CA 92008

(760) 434-5088 FAX (760) 434-2865 phone

Please retain a copy of this form for your records. City of Carlsbad Tax ID # 95-6004793. Contributions to the City of Carlsbad would be used exclusively for public purposes, are a qualified charitable donation and can be deducted as such. The city does not offer tax advice and makes no representations as to the deductibility of any gift. Consult your tax professional.